

SEC 1972 (6-02)

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# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

e filing of a federal notice.

OMB APPROVAL

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SEC USE	ONLY	
Prefix		Serial
DATE RE	CEIVED	

Washington, D.C. 20549

SEP 1 1 2003

A D PROCES

UNITED STATES

SECURITIES AND EXCHANGE

COMMISSION

SEP 12 2003

THOMSON FINANCIAL

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ([] check if this is an am	endme	nt and name has	s changed, and	indicate change.)	
Filing Under (Check box(es) that apply): [ ] Ru	ıle 504	[ ] <u>Rule 505</u>	[X] Rule 506	[ ] Section 4(6)	[]ULOE
Type of Filing: [X] New Filing [ ] Amen	dment				
A	. BASI	CIDENTIFICAT	ION DATA		
Enter the information requested about t	he issu	er			
Name of Issuer ([ ] check if this is an am	endmer	nt and name has	s changed, and	ndicate change.)	
Certes Capital Opportunity Fun	d II. L I	С			

Address of Executive Offi (Including Area Code)	ices (Numbe	er and Stre	et, City, State, Zip	Code)	Telephone Number
510 Lake Cook F	Road, #105, Dee	rfield, Illin	ois 60015 847/23	6-0101	_
Address of Principal Busi (Including Area Code) (if different from Executive	•	(Number	and Street, City, S	State, Zip Code)	Telephone Number
Brief Description of Busin					_
	ment Company				
Type of Business Organization					
[ ] corporation	[ ] limited p	partnership	o, already formed		se specify): Limited ty Company
[ ] business trust	[ ] limited p	partnership	o, to be formed		
		Month	Year		
Actual or Estimated Date or Organization:	of Incorporation	June 30,	, 2003	[X] Actu	ual [] Estimated
Jurisdiction of Incorporati			two-letter U.S. Pos ada; FN for other f		
		· · · · · · · · · · · · · · · · · · ·			<del></del>

## **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name

of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA	

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Managing Partner

Each gene	eral and	managing partr	ner of partne	ership is	ssuers.				
Check Box(es) tha Apply:	at [ <b>X</b> ]	Promoter [ ]	Beneficial Owner	[]	Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last no		, if individual) ealth Managen	nent, LLC						
Business or Resid		dress (Number		•	,	,			
Check Box(es) the Apply:	at []	Promoter[] Be	eneficial wner		xecutive Officer	[] [	Director [ ]	Ger	neral I/or

Full Name (Last nam	e first,	if individual)	TO CHARLES TO MAKE A CONTROL OF THE						
Business or Residen	ce Add	dress (Numbe	er and Street	, City, §	State, Zip Cod	de)			
Check Box(es) that Apply:	[]	Promoter[]	Beneficial Owner	[]	Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last nam	e first,	if individual)				200			
Business or Residen	ce Add	dress (Numbe	er and Street	;, City, S	State, Zip Cod	ie)			
Check Box(es) that Apply:	[]	Promoter [ ]	Beneficial Owner	[]	Executive Officer	[]	Director [	]	General and/or Managing Partner
Full Name (Last nam	e first	if individual)							
Business or Residen	ce Ad	dress (Numbe	er and Street	t, City, S	State, Zip Coo	de)			
Check Box(es) that Apply:	[]	Promoter [ ]	Beneficial Owner	[]	Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last nam	e first	, if individual)						•	
Business or Residen	ce Ad	dress (Numbe	er and Stree	t, City, :	State, Zip Cod	de)			
Check Box(es) that Apply:	[]	Promoter [	Beneficial Owner	[]	Executive Officer	[]	Director	[]	General and/or Managing Partner

Full Name (Last name first, if individual)	_	
Business or Residence Address (Number and Street, City, State, Zip Code)	-	
Check Box(es) that [ ] Promoter[ ] Beneficial [ ] Executive [ ] Director [ Apply: Owner Officer	and/	or naging
Full Name (Last name first, if individual)	_	
Business or Residence Address (Number and Street, City, State, Zip Code)	_	
(Use blank sheet, or copy and use additional copies of this sheet, as I	necess	ary.)
B. INFORMATION ABOUT OFFERING	<del>1</del> 5	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No [ <b>X</b> ]
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual?	\$50,00	0.00
3 Lines the attering permit joint awaership at a single linit?	Yes [X]	No [ ]
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual)		
David R. Friedman	ortine.	

Business or Residence Address (Number and Street, City, State, Zip Code)

Chicago.	Illinois	60625
Unicado.	IIIInois	<b>00023</b>

Name o			er or Dea									
	Certes (	Capital S	ecurities	, LLC								
States i	in Which	Person L	isted Has	Solicited	or Intend	s to Solici	t Purchas	sers				
(Check	"All State	es" or che	eck individ	lual State	s)				[ ]	All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] X	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Busine	ss or Res	name firs		lumber ar	nd Street,	City, Stat	e, Zip Co	de)				
Full Na Busine	me (Last	name firs	ddress (N er or Dea	umber ar								
Full Na Busine	me (Last	name firs sidence A	ddress (N er or Dea	lumber ar	or Intend	s to Solic			[ ],	All States		
Full Na Busine	me (Last	name firs sidence A	ddress (N er or Dea	lumber ar	or Intend	s to Solic			[ ] /	All States [GA]	[HI]	[ID]
Full Na Busine: Name of	me (Last	name firs	ddress (N er or Dea isted Has	lumber ar	or Intend	s to Solic	it Purchas	sers			[HI] [MS]	[ID] [MO]
Full Na Busine: Name of the Check [AL]	me (Last	name firstidence Arated Broke Person Les" or che	er or Dea isted Has eck individ	lumber ar  Solicited lual State	or Intendes)	s to Solic	it Purchas	sers	[FL]	[GA]		

Business or Residence Address (Number and Street, City, State, Zip Code)

Name	e of Associ	ated Brok	er or Dea	ıler								
State	s in Which	Person L	isted Has	Solicited	or Intend	is to Solic	it Purchas	sers				
(Che	ck "All Stat	es" or che	eck individ	dual State	es)				[ ] Ali	States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
the to trans colur	nter the agg otal amoun action is ar mns below anged.	t already n exchanç	sold. Ente	er "0" if ar g, check t	nswer is "r his box " a	none" or " and indica	zero." If thate in the	he				
	Type of Se	ecurity							ggregate ffering Price	Amou Alread Sold		
	Debt	• • • • • • • • • • • • • • • • • • • •										
	Equity	************	••••••		*************		••••					
[ ]	Common	[ ]F	referred									
	Convertible	e Securiti	es (includ	ling warra	ınts)							
	Partnershi	p Interest	s									

\$1,300,000

\$1,300,000

\$1,300,000

\$1,300,000

[MO]

[PA]

[PR]

Answer also in Appendix, Column 3, if filing under ULOE.

Other (Specify: LLC Interests).

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their

Total .....

purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

		Number Investors		Aggregate Dollar Amount of Purchases
Acc	redited Investors	18		\$1,300,000
Non	n-accredited Investors			
То	tal (for filings under Rule 504 only)			
Answer a	also in Appendix, Column 4, if filing under ULOE.			
requeste indicated	filing is for an offering under Rule 504 or 505, enter the information of for all securities sold by the issuer, to date, in offerings of the types if, the twelve (12) months prior to the first sale of securities in this Classify securities by type listed in Part C-Question 1.			
		Type of		Dollar Amount
Тур	e of offering	Security		Sold
Rule	e 505			
Rec	gulation A			
Rule	e 504			
То	otal			
distribution organizato future	nish a statement of all expenses in connection with the issuance and on of the securities in this offering. Exclude amounts relating solely to ation expenses of the issuer. The information may be given as subject contingencies. If the amount of an expenditure is not known, furnish that and check the box to the left of the estimate.			
Tra	nsfer Agent's Fees		[]	
Prir	nting and Engraving Costs		[]	
Leg	gal Fees	•••	[]	\$11,516.61
Acc	counting Fees		[]	
End	gineering Fees		[]	

Sales Commissions (specify finders' fees separately)	[ ]
Other Expenses (identify)	[]
Total	[ ]
b. Enter the difference between the aggregate offering price given in response - Question 1 and total expenses furnished in response to Part C - Question 4.d difference is the "adjusted gross proceeds to the issuer."	
5. Indicate below the amount of the adjusted gross proceeds to the issuer use or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	
	Payments to Officers, Directors, & Payments To Affiliates Others
Salaries and fees	
Purchase of real estate	
Purchase, rental or leasing and installation of machinery and equipment	
Construction or leasing of plant buildings and facilities	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	
Repayment of indebtedness	
Working capital	
Other (specify):	
Secured note for startup financing	\$1,288,483.39
Column Totals	
Total Payments Listed (column totals added)	\$1,288,483.39

### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under <u>Rule 505</u>, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)  CERTES CAPITAL OPP. FUND.	Signature Date 9.10.03			
Name of Signer (Print or Type)	Title of Signer (Print or Type)			
James Kozak	mandagel of promores			

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

### **E. STATE SIGNATURE**

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
provisions of such rule?		
	LJ	[,,]

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)		Signature	Date		
Centes	COPITAL OPPORTUNITY	ENO 11 SP. K	9.10.03		
Name of Signe	er (Print or Type)	Title (Print or Type)			
James	K03+K	MANAGER O	F PROMOTER		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# **APPENDIX**

1	Intend to se to non-acce investors in (Part B-Iter	redited n State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ		X	LLC Interests	1	\$50,000	0			х	
AR										
CA										
со		:						-		
СТ					10 to		. Userbury.			
DE	400-7-7-									
DC										
FL	4 541									
GA										
НІ										
ID										

3 2 Disqualification Type of security under State ULOE Intend to self and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State (Part C-Item 2) waiver granted) (Part E-Item 1) investors in State offered in state (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited Investors State Yes No Amount Investors Amount Yes No 0 X LLC Interests 14 955,000 IL X 0 LLC Interests 50,000 IN IA KS KY LA ME MD MA X 0 LLC Interests 50,000 MΙ MN MS MO ΜT NE

Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State (Part C-Item 2) offered in state waiver granted) investors in State (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Non-Accredited Accredited Investors State Yes No Amount Amount Yes Investors No NV NH NJ NM NY NC ND Χ LLC Interests 50,000 ОН OK OR PA RI SC SD TN

1	Intend to so to non-accordinvestors ir (Part B-Iter	redited n State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
тх	:								
UT									
VT									
VA									
WA									
wv									
WI							:		
WY				×					
PR									

http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002